INSTITUTION 705-E-MCPherson 14 yrs. ADDRESS 705-E-MCPherson Year No In the part of t		•		,			ALTH OF MISSOURI		24502
1. PLACE OF DEATH COUNTY Adair b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) c. CITY TOWN Kirksville J. PARTE (If outside, give location) Addid: TALLANT CORA TALLANT CORA TALLANT CORA TALLANT CORA TALLANT COCTOBET 4, 1873 S. SEX F. Mach Day Year CORITO COCTOBET 11, 1957 S. SEX F. Mach Day Year Month Day Year CORITO COCTOBET 11, 1957 S. SEX F. COLOR OR RACE F. MACH Day Year CORITO COCTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 12, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. SEX F. MACH DAY Year CORTOBET 11, 1957 S. OATE OF BUSINESS OR MOUSTN' II. BIRTHACKE (City and actoe or country) II. MOTHER'S NAME A. MACH DAY Year Address Kirksbille MISSION TO BUSINESS OR MOUSTN' II. MOTHER'S NAME A. MACH DAY Year Address Kirksbille A. MACH DAY Year Address Kirksbille COUNTRY COUNTRY A. MACH DAY Year Address Kirksbille COUNTRY COUNTRY A. MORE DAY COUNTRY A. MORE		FILEN OC	T 21 195	7	STAN	IDARD CERTIF	ICATE OF DEATH	STATE	FILE NUMBER
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b. CITY (if ourside corporate limits, give TOWNSHIP only) OR KITK SVIILE C. FULL NAME OF (if NOT Inhappital, give location) C. FULL NAME OF (if NOT Inhappital, give location) C. FULL NAME OF (if NOT Inhappital, give location) C. FULL NAME OF (if NOT Inhappital, give location) C. FULL NAME OF (if NOT Inhappital, give location) C. FULL NAME OF (if NOT Inhappital, give location) C. FULL NAME OF (if NOT Inhappital, give location) C. FULL NAME OF (if NOT Inhappital, give location) C. FULL NAME OF (if Not Inhappital, give location) C. GITY TOWN KITK SVIILE J. STREET ADDRESS 705-E-MCPherson 14 YPS. ADDRESS 705-E-MCPherson NAME OF ORDERS OF BIRTH OCTOBER 17 JULY 1978 DOWN PART S. COLOR OR RACE White White White White White White White Who of the survey of Notice of Section of Sectio	1.		ز				2. USUAL RESIDENCE	(Where deceased lived.	If institution: Residence before
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THING MOUSE RECEIPT DOTTIESTIC Nauvo, Illinois U.S.A.			/		WIDOWED TO	DIVORCED 🔲	October 4,1	872 last birthday)	
HOUSE KEEPER DOMESTIC NEWFOOD, Illinois U.S.A. 3. FATHER'S NAME JOHN F. Bennett: S. WAS DECCASCO EVER IN U.S. ARMED FORCES! (Yes, no, or windown) U.S. ARMED FORCES! (No. DEATH SUCIDE CAUSE OF INJURY (a. d., in or about home. (Yes, no, or windown) U.S. ARMED FORCES! (Yes, no,	10a	. USUAL OCCUPA	TION (Give kind o)	(work done	106. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (City and a	tate or country)	12. CITIZEN OF WHAT COUNTRY?
John F. Bennett: 15. WAS DECCASED EVER IN U. S. ARMED FORCEST (Yes. no. or undringered) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT MTS. L. M. Bradley, 705-E-MCPherson 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b). and (c).] PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b). and (c).] PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b). and (c).] PART I. DEATH WAS CAUSED BY: 19. MAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT SUICIDE HOMICIDE 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED PERFORMED 19. WAS AUTOPSY PERFORMED 19. WAS AUTOP		<u>Housek</u> (eeper		Domes	t1c			U.S.A.
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Cause of Death Enter only one cause per line for (a), (b), and (c).] PARTI, DEATH Enter only one cause per line for (a), (b), and (c).] PARTI, DEATH SCAUSE DESC. DUE TO (b) DUE TO (c)	15				116 60	CIAL PECUNITY NO			
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20c. TIME OF Hour Month, Day, Year INJURY a. m. p. m. 20d. INJURY OCCURRED WHILE AT ONOT WHILE AT ONOT WHILE AT WORK Death occurred at 7.20 p. m on the date stated above; and to the best of my knowledge, from the causes at attended to occurred at 7.20 p. m on the date stated above; and to the best of my knowledge, from the causes at attended to occurred at 10.12. 21. I attended the deceased from Oct. 1451, to Oct. 14937 and last saw her alive on Oct. 14942 and 10.12. 22. SIGNATURE. 22. SIGNATURE. (Degree wille) 22b. ADDESS 22c. DATE SIGNED 10.12.5 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State) REMOVAL (Specify) 10.14-1957 Oakwood Cemetery Hamilton, Illinois 24. ONERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE KIRK SVILLE, 10. 10.12-1957 Oakwood Cemetery Common County City County	ĒΙ				206. DESCRIBE	HOW INJURY OCCURRI	ED. (Enter nature of injury	in Part I or Part II of it	
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Hamilton, Illinois 24. Juneal Director Address Kirksville, No. 10-12-1957 Removal (Specify) Hamilton, Illinois 25. Date RECD. By Local REG. 26. REGISTRAR'S SIGNATURE 10-12-1957 Ratell		In SIGNATURE	Edrel	y 4	(Degree y title)	R D.O	. Hinks	ville T	
Navis & Navis Kirksville, 10. 10-12-1957 Daw W. Ratleff		REMOVAL (Speci Burlal	^(y) 10-14	<u>-195</u> ′	7 Oakw	ood Ceme	etery Ha	milton, Il	linois
(Licensed Embolmer's Statement on Reverse Side)	Z 4	and	Maris				ATE RECD. BY LOCAL REG. -/2-/957	26. REGISTRAR'S SIGNA	U. Ratlel
	•		1 .	1.	(Licensed E	mbalmer's Statem	ent on Reverse Side)		, 00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

working under my personal supervision.

Signature of Student Embalmer

Signed. Solder D. Mares
Licensed Embalmer No. 4219

P. O. Address . Kirkswill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.